

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101529565

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		2				
4		3				
5		4				
6	1					
7		1				
8		2				
9		3				
10			1			
11				1		
12				2		
13				3		
14				4		
15			1			
16				1		
17				2		
18				3		
19			1			
20				1		
21				2		
22				3		
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48				29		
49				30		
50				31		
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.	←		13	←		←
TOTAL CLAIMS		16				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						